

APPLICATION FOR POLLUTION CONTROL TAX EXEMPTION CERTIFICATE

FOR OFFICIAL USE ONLY

Name of Business		()
	Enter Exact Name of Business, Governmental Unit or Institution <i>(please print or type)</i>	Telephone Number <i>(include area code)</i>
Location of Facility		
	Number and Street	City or Town County State ZIP Code
Mailing Address		
	P.O. Box or Number and Street	City or Town County State ZIP Code

1. Check categories for which application is being made.

☐

- (a) **AIR:** Any property designed, constructed or installed as a component part of any commercial or industrial premises for the primary purpose of eliminating or reducing the emission of, or ground level concentration of, particulate matter, dust, fumes, gas, mist, smoke, vapor, or odorous substances, or any combination thereof which renders air harmful or inimical to the health of persons or to property within this commonwealth;

☐

- (b) **WATER:** Any disposal system or any treatment works, pretreatment works, appliance, equipment, machinery, or installation constructed, used, or placed in operation primarily for the purpose of reducing, controlling, or eliminating thermal pollution or water pollution caused by industrial waste, or what would be industrial waste, if discharged into the waters of the commonwealth;

☐

- (c) **WASTE:** Any disposal system or any appliance, equipment, machinery, or installation constructed, used, or placed in operation primarily for disposing of waste, converting waste into an item of real economic value, or converting hazardous waste to nonhazardous waste;

☐

- (d) **NOISE:** Any property designed, constructed, or installed as a component part of any commercial or industrial premises for the primary purpose of eliminating or reducing the emission of sound which is harmful or inimical to the health of persons or to property, or materially reduces the quality of the environment in this commonwealth;

☐

- (e) **SUBSTANCE REMOVAL:** Any property designed, constructed, or installed for the primary purpose of removing substances from raw materials, which substance, if permitted to become a component part of the finished product, would have a deleterious effect on the environment when the finished product was utilized.

2. Nature of Business _____

3. Project Name and/or Number _____

4. Does the Bureau of Environmental Protection presently have plans on file for the facility(ies) checked in question 1?

YES	NO

(a) Air

(b) Water

(c) Waste

(d) Noise

(e) Substance Removal

If "No," plans should be submitted to the **Department of Revenue** with this application. Should the plans not be available at this time, indicate below the approximate date the plans will be submitted.

Approximate date of planned submittal _____

5. Is the pollution control facility for which this application is made presently in existence? ☐ Yes ☐ No

6. Attach a listing of equipment and materials for the facility(ies) checked in question 1 and describe the pollution control function of each. **This listing is required before your application can be processed.** Should the listing not be available at this time, indicate below the approximate date the listing will be submitted.

Approximate date of planned submittal _____

7. Estimated or actual capitalized cost of construction (as determined by the IRS) of the facility _____

8. Estimated market value of the facility for which application is made _____

9. Expected completion date _____

The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application.

Signed _____

Title _____ Date _____

► **Mail completed application to:** Kentucky Department of Revenue
Sales and Use Tax Division
P.O. Box 181
Frankfort, Kentucky 40602-0181

